Tulare County Health Plan Rates 2016

9/15/2015

Actives (Bi-Weekly)

Actives (Bi-Weekly)

Anthem Blue Cross w/Dental PPO

Plan Name	Medical	Dental PPO	Vision	Employee Rate	Rate+Life
BLUE CROSS $0 DED PPO					
EMPLOYEE ONLY	392.96	17.72	2.38	**413.05**	413.80
EMPLOYEE + SPOUSE	785.50	30.71	4.02	**820.23**	820.98
EMPLOYEE + CHILD(REN)	717.03	34.49	4.26	**755.78**	756.53
EMPLOYEE + FAMILY	1,190.88	49.12	6.34	**1,246.34**	1,247.09
BLUE CROSS $500 DED PPO					
EMPLOYEE ONLY	295.91	17.72	2.38	**316.00**	316.75
EMPLOYEE + SPOUSE	592.10	30.71	4.02	**626.83**	627.58
EMPLOYEE + CHILD(REN)	542.30	34.49	4.26	**581.04**	581.79
EMPLOYEE + FAMILY	933.89	49.12	6.34	**989.35**	990.10
BLUE CROSS $1000 DED PPO					
EMPLOYEE ONLY	259.93	17.72	2.38	**280.03**	280.78
EMPLOYEE + SPOUSE	519.49	30.71	4.02	**554.22**	554.97
EMPLOYEE + CHILD(REN)	476.67	34.49	4.26	**515.41**	516.16
EMPLOYEE + FAMILY	791.92	49.12	6.34	**847.38**	848.13
BLUE CROSS $2500 DED PPO					
EMPLOYEE ONLY	246.35	17.72	2.38	**266.44**	267.19
EMPLOYEE + SPOUSE	492.31	30.71	4.02	**527.03**	527.78
EMPLOYEE + CHILD(REN)	451.73	34.49	4.26	**490.47**	491.22
EMPLOYEE + FAMILY	750.50	49.12	6.34	**805.96**	806.71
BLUE CROSS HMO					
EMPLOYEE ONLY	337.85	17.72	2.38	**357.95**	358.70
EMPLOYEE + SPOUSE	597.49	30.71	4.02	**632.22**	632.97
EMPLOYEE + CHILD(REN)	527.32	34.49	4.26	**566.07**	566.82
EMPLOYEE + FAMILY	786.24	49.12	6.34	**841.70**	842.45

Anthem Blue Cross w/Dental HMO

Plan Name	Medical	Dental HMO	Vision	Employee Rate	Rate+Life
BLUE CROSS $0 DED PPO					
EMPLOYEE ONLY	392.96	12.52	2.38	**407.85**	408.60
EMPLOYEE + SPOUSE	785.50	21.48	4.02	**811.00**	811.75
EMPLOYEE + CHILD(REN)	717.03	21.63	4.26	**742.92**	743.67
EMPLOYEE + FAMILY	1,190.88	31.18	6.34	**1,228.40**	1,229.15
BLUE CROSS $500 DED PPO					
EMPLOYEE ONLY	295.91	12.52	2.38	**310.81**	311.56
EMPLOYEE + SPOUSE	592.10	21.48	4.02	**617.60**	618.35
EMPLOYEE + CHILD(REN)	542.30	21.63	4.26	**568.18**	568.93
EMPLOYEE + FAMILY	933.89	31.18	6.34	**971.40**	972.15
BLUE CROSS $1000 DED PPO					
EMPLOYEE ONLY	259.93	12.52	2.38	**274.83**	275.58
EMPLOYEE + SPOUSE	519.49	21.48	4.02	**544.99**	545.74
EMPLOYEE + CHILD(REN)	476.67	21.63	4.26	**502.55**	503.30
EMPLOYEE + FAMILY	791.92	31.18	6.34	**829.44**	830.19
BLUE CROSS $2500 DED PPO					
EMPLOYEE ONLY	246.35	12.52	2.38	**261.25**	262.00
EMPLOYEE + SPOUSE	492.31	21.48	4.02	**517.81**	518.56
EMPLOYEE + CHILD(REN)	451.73	21.63	4.26	**477.61**	478.36
EMPLOYEE + FAMILY	750.50	31.18	6.34	**788.02**	788.77
BLUE CROSS HMO					
EMPLOYEE ONLY	337.85	12.52	2.38	**352.75**	353.50
EMPLOYEE + SPOUSE	597.49	21.48	4.02	**622.99**	623.74
EMPLOYEE + CHILD(REN)	527.32	21.63	4.26	**553.21**	553.96
EMPLOYEE + FAMILY	786.24	31.18	6.34	**823.76**	824.51

Kaiser Permanente HMO w/Dental PPO

Plan Name	Medical	Dental PPO	Vision	Employee Rate	Rate+Life
KAISER HMO - LOW PLAN					
EMPLOYEE ONLY	284.22	17.72	-	**301.93**	302.68
EMPLOYEE + SPOUSE	561.44	30.71	-	**592.14**	592.89
EMPLOYEE + CHILD(REN)	508.76	34.49	-	**543.25**	544.00
EMPLOYEE + FAMILY	838.68	49.12	-	**887.80**	888.55
KAISER HMO - HIGH PLAN					
EMPLOYEE ONLY	366.15	17.72	-	**383.87**	384.62
EMPLOYEE + SPOUSE	725.33	30.71	-	**756.03**	756.78
EMPLOYEE + CHILD(REN)	657.08	34.49	-	**691.57**	692.32
EMPLOYEE + FAMILY	1,084.50	49.12	-	**1,133.62**	1,134.37

Kaiser Permanente HMO w/Dental HMO

Plan Name	Medical	Dental HMO	Vision	Employee Rate	Rate+Life
KAISER HMO - LOW PLAN					
EMPLOYEE ONLY	284.22	12.52	-	**296.73**	297.48
EMPLOYEE + SPOUSE	561.44	21.48	-	**582.92**	583.67
EMPLOYEE + CHILD(REN)	508.76	21.63	-	**530.38**	531.13
EMPLOYEE + FAMILY	838.68	31.18	-	**869.85**	870.60
KAISER HMO - HIGH PLAN					
EMPLOYEE ONLY	366.15	12.52	-	**378.67**	379.42
EMPLOYEE + SPOUSE	725.33	21.48	-	**746.81**	747.56
EMPLOYEE + CHILD(REN)	657.08	21.63	-	**678.71**	679.46
EMPLOYEE + FAMILY	1,084.50	31.18	-	**1,115.67**	1,116.42